City of Rockford, Illinois
Community & Economic Development Department
Construction and Development Services 425 East State Street, Rockford, IL 61104 Phone: (779) 348-7158 Fax: (815) 967-4243

State of Illinois, County of Winnebago, City of Rockford

Web: www.rockfordil.gov



AFFIDAVIT FOR ROOFING PERMIT

I, _	, hereby swear and affirm under oath that:
[Ch/	(print name) neck One]
	I am the owner of the property listed below and will self-perform the roofing work OR
_	
Ш	I am performing the roofing work for no consideration (compensation) OR
	I am performing the roofing work at my employer's property. (An employer-employee relationship must exist).
	nd do hereby submit an application for a roofing permit pursuant to the Illinois Roofing Industry Licensing Act 25 ILCS 335/11), that does not require me to be licensed by the State of Illinois, to perform roofing work at:
STF	REET ADDRESS (THE "PREMISES") CITY STATE ZIP
	I UNDERSTAND AND WILL ABIDE BY THE FOLLOWING STIPULATIONS:
1.	That I will be personally doing the work as set forth in the Roofing Permit Application and no contractor for hire
_	will be performing any work at the Premises.
2.	I understand and acknowledge that if any person other than me is determined to be performing work upon the Premises a STOP WORK order may be issued.
3.	
	State Licensed Roofer to complete the work and obtain a permit for the remainder of work to be done.
4.	
5.	and zoning codes adopted by the City of Rockford. I understand and acknowledge that all work performed will be subject to inspection by the City of Rockford.
	I agree to take full responsibility for all work completed upon and the conditions of the Premises.
7.	I am certifying the above under oath and am subject to laws for perjury for any untruthful statements made
	herein and understand that the permit may be revoked for false statement or misrepresentation as to the material fact in the application on which the permit was based.
	UPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF THE ACTUAL PERMIT.
	OPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF THE ACTUAL PERMIT.
PRI	INTED NAME OF APPLICANT SIGNATURE OF APPLICANT
STF	REET ADDRESS OF APPLICANT CITY STATE ZIP
HOI	ME PHONE NUMBER ALTERNATE PHONE NUMBER
SW	VORN and SUBSCRIBED to before me this day of, 20
at F	Rockford, County of Winnebago, and State of Illinois.
NO	OTARY SEAL HERE

NOTARY PUBLIC